



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 14 2024 STAMP
4445 02

1. Entity ID Number 000052922		2. Exact name of the Corporation St. Paul's Church Society in Portsmouth			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island St. Paul's Episcopal Church- Non Profit			
4. NAICS Code 813110					
6. Principal Office Address 2679 East Main Road		City Portsmouth		State RI	Zip 02871
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Bradford Chase- Senior Warden			Vice-President Name Jeffery Reise- Junior Warden		
Street Address 31 Macomber Lane			Street Address 191 Freeborn St.		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Marguerite Hennerhan			Treasurer Name Elizabeth Fallonsbee		
Street Address 73 Seafare Lane			Street Address 237 Rolling Hill Rd.		
City Portsmouth	State RI	Zip	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Bradford Chase			Director Name Jeffery Reise		
Street Address 31 Macomber Lane			Street Address 191 Freeborn Street		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Director Name Marguerite Hennerhan			Director Name Elizabeth Fallonsbee		
Street Address 73 Seafare Lane			Street Address 237 Rolling Hill Road		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Bradford Chase- Senior Warden					Date 02/08/2024
Signature of Officer/Authorized Representative 					

MAIL TO:
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